

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 7/8/2016

Re:

TRINITY REIT INC.

75 VERICK STREET, NEW YORK, NY 10013

Job #

4697/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	7/8/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: *Renata D. Buczek*

Sent Via: ☐ Hand Delivered ☐ Over Night FedEx

☒ U.S. Mail

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project: Postmark: Date Received: Notification: 1

I. TYPE OF NOTIFICATION (O=Original, R=Revised): **O**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **TRINITY REIT INC.**

ADDRESS: **75 VARICK STREET**

CITY: **NEW YORK**

STATE: **NY**

ZIP CODE: **10013**

CONTACT: **MS.SASHA BLAUNT**

PHONE: **646-328-0644**

REMOVAL CONTRACTOR: **ETS CONTRACTING, INC.**

ADDRESS: **160 CLAY STREET**

CITY: **BROOKLYN**

STATE: **NY**

ZIP CODE: **11222**

CONTACT:

PHONE: **(718) 706-6300**

OTHER OPERATOR: **NOT APPLICABLE**

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

PHONE:

III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) **R**

IV. IS ASBESTOS PRESENT? (yes/no) **YES**

V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):

BLDG. NAME: **75 VARICK STREET**

ADDRESS: **75 VARICK STREET**

CITY: **NEW YORK**

STATE: **NY**

COUNTY: **MANHATTAN**

SITE LOCATION: **12TH FLOOR**

BUILDING SIZE SQ METERS:

SQ FT: **1,100,000**

#OF FLOORS: **19**

AGE IN YEARS: **87**

PRESENT USE:

PRIOR USE:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:

SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

RACM To Be Removed

Non-friable Asbestos Materials To Be Removed:
Category I Category II

PIPES – LINEAR FEET

PIPES – LINEAR METERS

SURFACE AREA – SQUARE FEET

3200 SF

SURFACE AREA – SQUARE METERS

VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET

VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) **START: 7/21/2016**

COMPLETION: 12/31/2016

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) **START: TBD**

COMPLETION: TBD

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.****XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:****ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.****XII. WASTE TRANSPORTER #1****WASTE TRANSPORTER #2**NAME: **TRI-STATE TRANSFER ASSOC. INC**

NAME:

ADDRESS: **1199 RANDALL AVENUE**

ADDRESS:

CITY: **BRONX** STATE: **NY** ZIP CODE: **10474**

CITY: STATE: ZIP CODE:

CONTACT: **JIM BRYNE** PHONE: **(718) 617-0771**

CONTACT: PHONE:

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITENAME: **MINERVA ENTERPRISES INC,**LOCATION: **9000 MINERVA ROAD**CITY: **WAYNESBURG, OHIO**

PHONE:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:NAME: **NOT APPLICABLE**

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:**ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.****XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).**, **ETS CONTRACTING INC.**

As Representative For The Owner

Signature of Owner/Operator

7/8/2016

Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT., **ETS CONTRACTING, INC**

As Representative For The Owner

Signature Of Owner/Operator

7/8/2016

Date